Initial Application		LEXINGTON CITY SCHOOLS		
Renewal Application		300 DIAMOND STREET LEXINGTON, VA 24450 Tele: 540-463-7146 / FAX: 540-464-5230		
Application Fee Paid				
Check No:				
Date:			www.lexedu.org	
	SCHOOL YEAR: 202	1-2022		
APPLICA	TION FOR ADMISSION OF N	ION-RESIDENT	STUDENT	
STUDENT NAME		DOB		
		REQUESTED GRADE PLACEMENT		
	NN NAME(S)			
	(Work)			
Names and ages of siblin	gs currently attending Waddell Eler	mentary or Lylburn	Downing Middle School:	
LEGAL RESIDENCE:	Rockbridge County	Buena Vista	Other	
Is parent/guardian an em	ployee of Lexington City Schools?	Yes	No	
Is parent/guardian an em	ployee of the City of Lexington?	Yes	No	
Does the student current	ly receive Special Education service	es?* Yes _	No	
*If yes, list the services:_				
tuition will be charged fo	be charged to non-residents attend or any supplemental services or eval y JECB furnished upon request.		·	
Signature		Date		